

FIRST AND LAST NAME: _____ PHONE NUMBER: _____

E-MAIL ADDRESS _____

MAKE CHECK PAYABLE TO: VIRGINIA SWIM SHOP

PAYMENT METHOD (CIRCLE ONE): CREDIT CHECK _____ (CHECK NUMBER)

ITEM	COST	SIZE	COLOR	QTY	TOTAL COST
FEMALE: DOLFIN HURRICANE (\$39.20) TOOK: YES OR NO	With Tax \$41.28		GREEN		
MALE: DOLFIN HURRICANE (\$28.80) TOOK: YES OR NO	With Tax \$30.33		GREEN		
MALE: DOLFIN BRIEF (\$23.80) TOOK: YES OR NO	With Tax \$25.06		SOLID BLACK		
SUBTOTAL					
5.3% TAX					
TOTAL					

CREDIT CARD NUMBER _____ EXP. DATE: _____

CVV NUMBER: _____ (PLEASE WRITE DOWN) ZIP CODE _____

THE VIRGINIA SWIM SHOP 12207 GAYTON ROAD RICHMOND, VA 23238
804-784-3402

VASWIMSHOPTEAMSALES@NOVASWIM.ORG